

FILED DEC 15 1944

Registration District No. **2054**

Primary Registration District No. **2054**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Louisiana

(c) Name of hospital or institution: Pike Co. Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 hrs  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO

(b) County Pike

(c) City or town Rural

(d) Street No. New Hartford  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Dread, Albert Sidney

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26 Nov. day 26  
year 1944 hour 6:10 minute P. M.

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Madge Lee DREAD

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June 16 1866  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-26-44, 19\_\_\_\_, to 11-26-44, 19\_\_\_\_;  
that I last saw him alive on 11-26-44, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 0 Days 10  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Uremic Poisoning

Due to Chronic Nephritis of several years duration

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Lincoln MISSOURI  
(City or town and county) (State or foreign country)

10. Usual occupation FARMER

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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11. Industry or business \_\_\_\_\_

12. Name Robert William DREAD

13. Birthplace Lincoln MO  
(City or town and county) (State or foreign country)

14. Maiden name Nancy C. Hertov

15. Birthplace Lincoln MO  
(City or town and county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

16. (a) Informant MRS. Albert DREAD

(b) Address New Hartford, MO

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 11 29 1944  
(Month) (Day) (Year)

(c) Place: burial or cremation New Hartford, MO

18. (a) Signature of funeral director Ernest B. Bunkel

(b) Address Bowling Green, MO

19. (a) 11 27 44 (Date received local registrar)

(b) J. G. Halpern (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place)

Means of injury \_\_\_\_\_

23. Signature Charles F. Lewellen (Physician)

Address Louisiana, MO Date signed 11-26-44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 12-44-1970

Date Filed DEC 13 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*Grace Bankhead*

Licensed Embalmer No.

9204

P. O. Address

*Bowling Green Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Signature to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.